

OFFICE OF THE SECRETARY OF STATE

MISSOURI STATE LIBRARY
Reference Services
600 W. Main
P.O. Box 387
Jefferson City, MO 65102

PHONE (573) 751-4185 FAX (573) 526-5075

REGISTRATION FOR BORROWING PRIVILEGES

Complete this form and FAX or MAIL to the address above with the following items:

- MO Driver's License OR state-issued ID
- Verification of Current Home Address (e.g. recent billing label). We cannot accept P.O. Box addresses.

AND (FOR STATE EMPLOYEES ONLY)

Photocopy of valid State Employee ID

| NAME | SOCIAL SECURITY # | |
|---|---|---------------------------|
| PLEASE CHECK ONE: | | (Optional) |
| Missouri State Employee | e Other | |
| Missouri State Elected C | Official | |
| Legislative or State Agency Intern | | |
| STATE EMPLOYEES, INTERNS, AND ELECTED OFFICIALS, PLEASE CHECK ONE: | | |
| _ I want my requested books sent to my office via Interagency Mail. | | |
| I want to pick up my requested books at Missouri State Library. | | |
| | WORK CONTACT INFORMATION | |
| STATE AGENCY | DIVISION | |
| INTERAGENCY ADDRESS | hysical Office Address Only. PO Boxes are unacceptable for In | |
| P | hysical Office Address Only. PO Boxes are unacceptable for in | ter Interagency delivery. |
| CITY | ZIP Code | |
| WORK PHONE () | FAX <u>(</u>) | - |
| WORK EMAIL | @ | |
| | HOME CONTACT INFORMATION | |
| HOME ADDRESS | | |
| CITY | Physical Home Address Only. PO Box is not sufficient. ZIP Code | _ |
| HOME PHONE() | <u>-</u> | |
| OTHER EMAIL | @ | |
| APPLICANT SIGNATURE | | DATE |